

Sanford Disparities Research Center
Black Hills State University
FILM/VIDEO RELEASE

(Document must be signed by everyone who works on or appears in (except for public crowd shots) film and by the Producer(s))

Supervisor/Title: Mary Rogers/ Health Literacy Assessment and Improvement Workshop
(Name(s) of Person(s) and title of film/video or project topic if title is yet decided)

By signature below, each of the undersigned signifies his or her agreement to the Sanford Disparities Research/Black Hills State University Release as follow:

For good and valuable consideration, including the possibility of publicity, the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably grant to Producer all Services and appearances rendered by me, and all ideas and material provided by me, in connection with the development, production and/ or utilization of print, graphic, audio and/ or visual or other content, projects, productions, campaigns and/ or programs relating to Sanford Disparities Research/Black Hills State University. My services are a "work-for-hire" as that term is used in copyright law.

I hereby irrevocably give and grant to Producer all rights of every kind and character whatsoever in all media and languages now known or hereafter devised (including, but not limited to, film, television, DVD's, CD's, videocassettes, interactive devices and Internet and on-line systems throughout the world, in perpetuity, in and to all work done, and all poses, acts, plays and appearances made by me, my voice and instrumental, musical or other sound effects produced by me, and in and to all of the results and proceeds of my services as well as in and to the right to use my name, likeness and photographs, either still or moving, for all commercial and non-commercial purposes (including, but not limited to merchandising, advertising and promotion purposes). Without limiting the foregoing, I further irrevocably give and grant to the Producer Parties the right to adapt, change, edit, modify, add to, delete, combine with other materials, record, reproduce, distribute and otherwise exploit the same by any means now known or hereafter devised. Producer Parties may freely assign or transfer its rights hereunder, in whole or in part.

I hereby irrevocably agree that I will not assert nor maintain against the Producer, its licensees, successors or assigns, or any of their directors, officers, employees or representatives ("Producer Parties"), any claim, action, suit or demand of any kind or nature, whatsoever, including, but not limited to those grounded upon invasion of privacy or of publicity or any other rights (including, without limitation, intellectual property rights), defamation libel or slander or for any other reason in connection with the exercise of the rights granted herein. I realize that Producer is relying upon this Release in using me in the making of the Project and, accordingly, I hereby irrevocably waive any and all rights to seek or obtain any injunctive or other equitable relief against any of the Producer Parties. I further acknowledge and agree that any breach by me of this Release will cause Producer Parties irreparable harm, and therefore, that each of the Producer Parties will be entitled to injunctive or equitable relief (without the need to post bond or surety or show harm) in addition to all other remedies available at law or in equity, in any court of competent jurisdiction.

No Compensation will be paid hereunder.

1. Name: _____
Address: _____

Phone Number: _____
E-mail address: _____
Age and Date of Birth: _____
Worked on / Appears in Film/Video: (Circle one)
If appears in video, describe personal characteristics: _____

I have read and agree to Sanford Disparities Research/Black Hills State University Film/Video Release.

Dated as of: _____
(Insert date of service or appearance)

Signature: (Supervisor) _____

Signature: (Person appearing / working) _____

(Signature indicates you have read and agree to the Sanford Disparities Research/Black Hills State University Release.)

2. Name: _____
Address: _____

Phone Number: _____
E-mail address: _____
Age and Date of Birth: _____
Worked on / Appears in Film/Video: (Circle one)
If appears in video, describe personal characteristics: _____

I have read and agree to Sanford Disparities Research/Black Hills State University Film/Video Release.

Dated as of: _____
(Insert date of service or appearance)

Signature: (Supervisor) _____

Signature: (Person appearing / working) _____

3. Name: _____
Address: _____

Phone Number: _____
E-mail address: _____
Age and Date of Birth: _____
Worked on / Appears in Film/Video: (Circle one)
If appears in video, describe personal characteristics: _____

I have read and agree to Sanford Disparities Research/Black Hills State University Film/Video Release.

Dated as of: _____
(Insert date of service or appearance)

Signature: (Supervisor) _____

Signature: (Person appearing / working) _____

IF A PERSON IS UNDER 18 YEARS OF AGE WORKS ON OR APPEARS IN THE FILM/VIDEO, THE FOLLOWING MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

I am the father, mother, or duly appointed guardian of the below noted child with full parental rights and authority, and I have read the Sanford Disparities Research/Black Hills State University Film/Video Release form that my child has signed. I hereby consent to, join in and approve that agreement, will ensure that my child honors his/her obligations and will indemnify and hold Producer Parties (as defined therein) harmless against any and all claims or damages related in any way to the rights granted therein, my child's performance or obligations hereunder, any breach of that agreement or any attempt to disaffirm that agreement.

Parent or Legal Guardian Name

Child's Name

Signature

Parent's Phone Number

Address: _____

Additional phone number

E-mail address: _____

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Address: _____

Additional phone number

E-mail address: _____